

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

16963

20944

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Life 11/18/65		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital				d. STREET ADDRESS 1 313 Broadway	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)	First John	Middle William	Last Baker	4. DATE OF DEATH Dec. 7 1965	Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1891	9. AGE (In years last birthday) 74 yrs.	IF UNDER 1 YEAR Months Days Hours Min. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop		11. BIRTHPLACE (County & State, or foreign country) Crisfield, Maryland	
13. FATHER'S NAME Albert Baker		14. MOTHER'S MAIDEN NAME Catherine Christy		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No None		16. SOCIAL SECURITY NO. 223-26-0795		17. INFORMANT Mrs. Beulah Sterling, Same as 2. abcd	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH 7 days			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		Coronary occlusion			
DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Dec. 1, 1965, to Dec. 7, 1965, that (I) (we) last saw the deceased alive on Dec. 7, 1965, and that death occurred at 7:30 pm from the causes and on the date stated above.					
22a. SIGNATURE C. G. Rawley		22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.		M.D. ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12/10/65		23c. NAME OF CEMETERY OR CREMATORIAL Crisfield Cemetery	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		ADDRESS		23d. LOCATION (City, town or county) (State) Crisfield, Maryland	
				25a. REC'D BY REGISTRAR DEC 10 1965	
				25b. REGISTRAR'S SIGNATURE Charles Judge	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

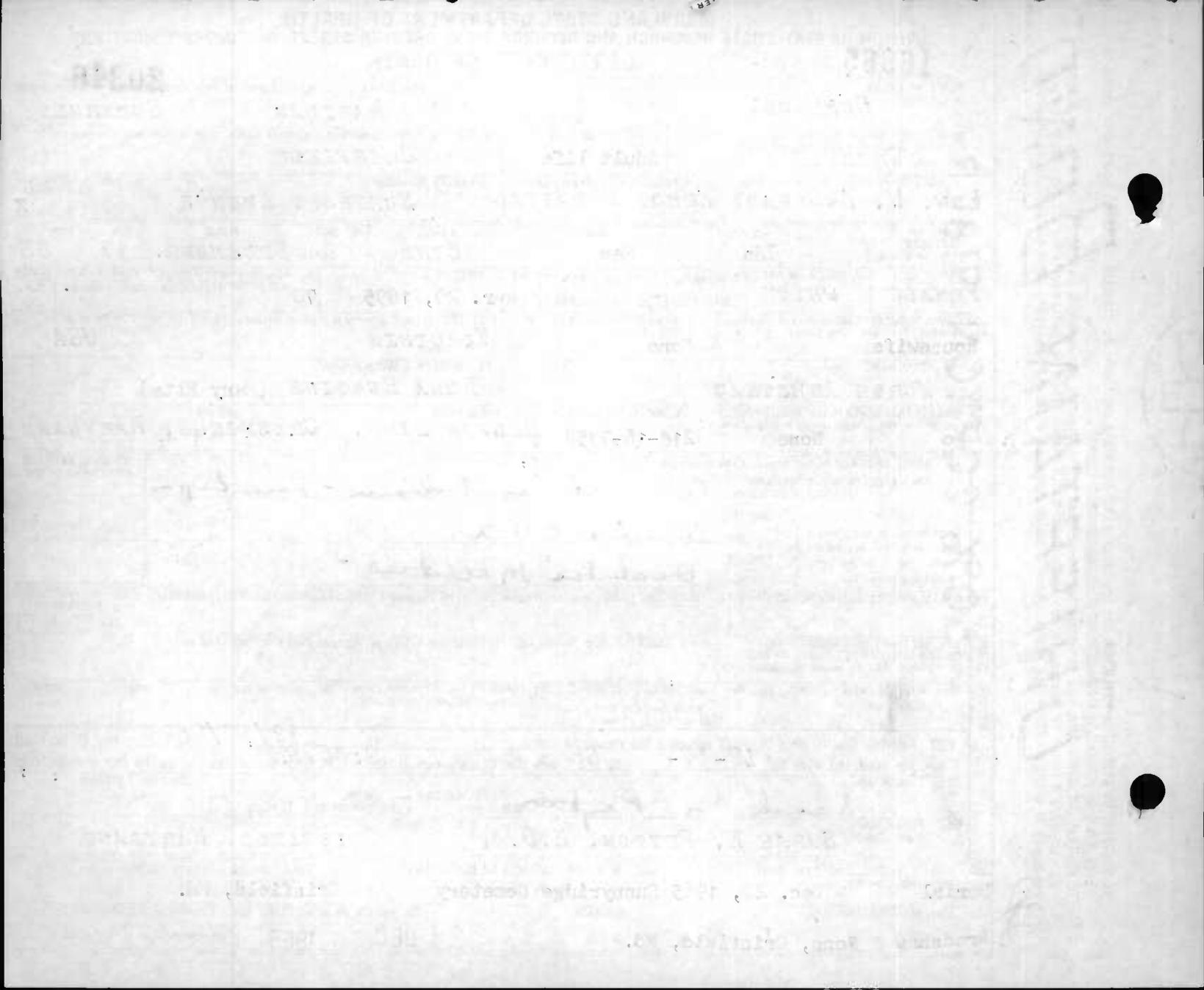
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
16964 CERTIFICATE OF DEATH 211245											
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
a. COUNTY Somerset MARYLAND				a. STATE Maryland b. COUNTY Somerset							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield							
c. LENGTH OF STAY IN 1b Adult life				d. STREET ADDRESS Byrdtown Rd.							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DOA McCready Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			First CLARA	Middle G.	Last BYRD	4. DATE OF DEATH December 1, 1965	Month	Day	Year		
5. SEX Female			6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1893	9. AGE (In years last birthday) 72 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Odays Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker			10b. KIND OF BUSINESS OR INDUSTRY Garment			11. BIRTHPLACE (County & State, or foreign country) Accomac, Virginia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Edward T. Mears			14. MOTHER'S MAIDEN NAME Sally Sparrow								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 213-10-8028			17. INFORMANT Mrs. Elizabeth Tull, Same as 2. abed			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 4201 DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) Rheumatoid Arthritis - (c) treated & Steroids - INTERVAL BETWEEN ONSET AND DEATH 1 hr - 10yr -											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from Dec. 1, 1965, to Dec. 1, 1965, that (I) (we) last saw the deceased alive on Nov. 28, 1965, and that death occurred at M, from the causes and on the date stated above.											
22a. SIGNATURE Sarah M. Peyton			22b. DATE SIGNED								
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M. D.			M.O. ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS 33 W. Main St., Crisfield, Md.								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF Dec. 4, 1965			23c. NAME OF CEMETERY OR CREMATORIAL Private Family Cemetery			23d. LOCATION (City, town or county) (State) Crisfield, Md.		
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.			ADDRESS								
						25a. REC'D BY REGISTRAR DEC 10 1965			25b. REGISTRAR'S SIGNATURE Charles Judge		
						DATE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
16965 CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET											
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CRISFIELD				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 CRISFIELD											
c. LENGTH OF STAY IN 1b Adult life				d. STREET ADDRESS 1 SOMERSET AVENUE											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) EDW. W. McCREADY MEMO. HOSPITAL				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
3. NAME OF DECEASED First Ida Middle Mae Last BYRD					4. DATE OF DEATH DECEMBER 17 1965		Month Day Year								
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 20, 1895		9. AGE (in years last birthday) 70 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (County & State, or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME WORTH ARMSTEAD				14. MOTHER'S MAIDEN NAME ELLA HUDGINS (Mary Etta)											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT MELVIN BYRD, CRISFIELD, MARYLAND		Address									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]															
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260X Cerebral Embolism - Hemiplegia DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic C.V.A.															
DUE TO (c) Diabetes Mellitus -															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)															
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>															
MEDICAL CERTIFICATION		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
		20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)							
21. I certify that (I) (this hospital) attended the deceased from , 19 to 12/17/65, 19, that (I) (we) last saw the deceased alive on 12-17-1965, and that death occurred at 9:45 PM, from the causes and on the date stated above.															
22a. SIGNATURE Sarah M. Peyton M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22b. DATE SIGNED															
22c. PHYSICIAN'S NAME (Type)		SARAH M. PEYTON, M.D.				22d. ADDRESS		CRISFIELD, MARYLAND							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 20, 1965		23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery		23d. LOCATION (City, town or county) (State) Crisfield, Md.									
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR DEC 23 1965		25b. REGISTRAR'S SIGNATURE Charles Judge									
Bradshaw & Sons, Crisfield, Md.															



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
16966 CERTIFICATE OF DEATH 20347											
1. PLACE OF DEATH a. COUNTY Somerset				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 18 yrs / 1/24/1965							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			First Emma	Middle M.	Last Evans	4. DATE OF DEATH 12/22/65	Month 19	Day	Year		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1904	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY Clothing			11. BIRTHPLACE (County & State, or foreign country) Luzerne, Penna.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Matthew Zelenowski			14. MOTHER'S MAIDEN NAME Martha Vallus								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT Milton Evans, Sr., Same as 2. abcd		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i>											
171X Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.		DUE TO (b) <i>Carcinomatosis</i>		DUE TO (c) <i>Carcinoma of cervix metastasized</i>		INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that (I) (this hospital) attended the deceased from Dec 18, 1965 to Dec 21, 1965 , that (I) (we) last saw the deceased alive on 12/22/65 1965 , and that death occurred at 1:45 P.M. from the causes and on the date stated above.											
22a. SIGNATURE <i>Alan G. Edwards</i>		M.D.		ATTENDING PHYS.		MED. DIRECTOR		STAFF PHYS.		22b. DATE SIGNED Dec. 22, 1965	
22c. PHYSICIAN'S NAME (Type) A. G. Edwards, M.D.		22d. ADDRESS Crisfield, Maryland									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 24, '65		23c. NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery		23d. LOCATION (City, town or county) (State) Crisfield, Maryland					
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		ADDRESS		25a. REC'D BY REGISTRAR DEC 22 1965		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH											
16967 Items #8 & 9 Film 201348											
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)											
a. COUNTY Somerset		a. STATE Maryland		b. COUNTY Somerset							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 17/1865's Life 39		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital d. STREET ADDRESS 1 Franklin Lane e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
3. NAME OF DECEASED First William Middle B. Last Franklin			4. DATE OF DEATH Dec. 20, 1965			Month			Day Year		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIOOWEO <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 12, 1893			9. AGE (In years last birthday) 72 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Wholesale Beer			11. BIRTHPLACE (County & State, or foreign country) Somerset County, Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Walter J. Franklin			14. MOTHER'S MAIDEN NAME Willie Sterling			Address					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-12-5710		17. INFORMANT Mrs. Merrible Franklin, Same as 2. abcd							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 24 hrs.											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		OUE TO (b)		OUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Appendicitis (Appendectomy 2 days prior death)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that (I) (this hospital) attended the deceased from Dec. 20, 1965, to Dec. 20, 1965, that (I) (we) last saw the deceased alive on Dec. 20, 1965, and that death occurred at 1:30 P.M. from the causes and on the date stated above.											
22a. SIGNATURE C. G. Rawley 22b. DATE SIGNED											
22c. PHYSICIAN'S NAME (Type)		M.O. ATTENDING PHYS.		M.D. DIRECTOR		STAFF PHYS.					
C. G. Rawley, M.D.		22d. ADDRESS Crisfield, Maryland									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 22, 1965		23c. NAME OF CEMETERY OR CREMATOR Y Sunnyridge Cemetery		23d. LOCATION (City, town or county) Crisfield, Md.		(State)			
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		25a. REC'D BY REGISTRAR DEC 27 1965		25b. REGISTRAR'S SIGNATURE Charles Judge					

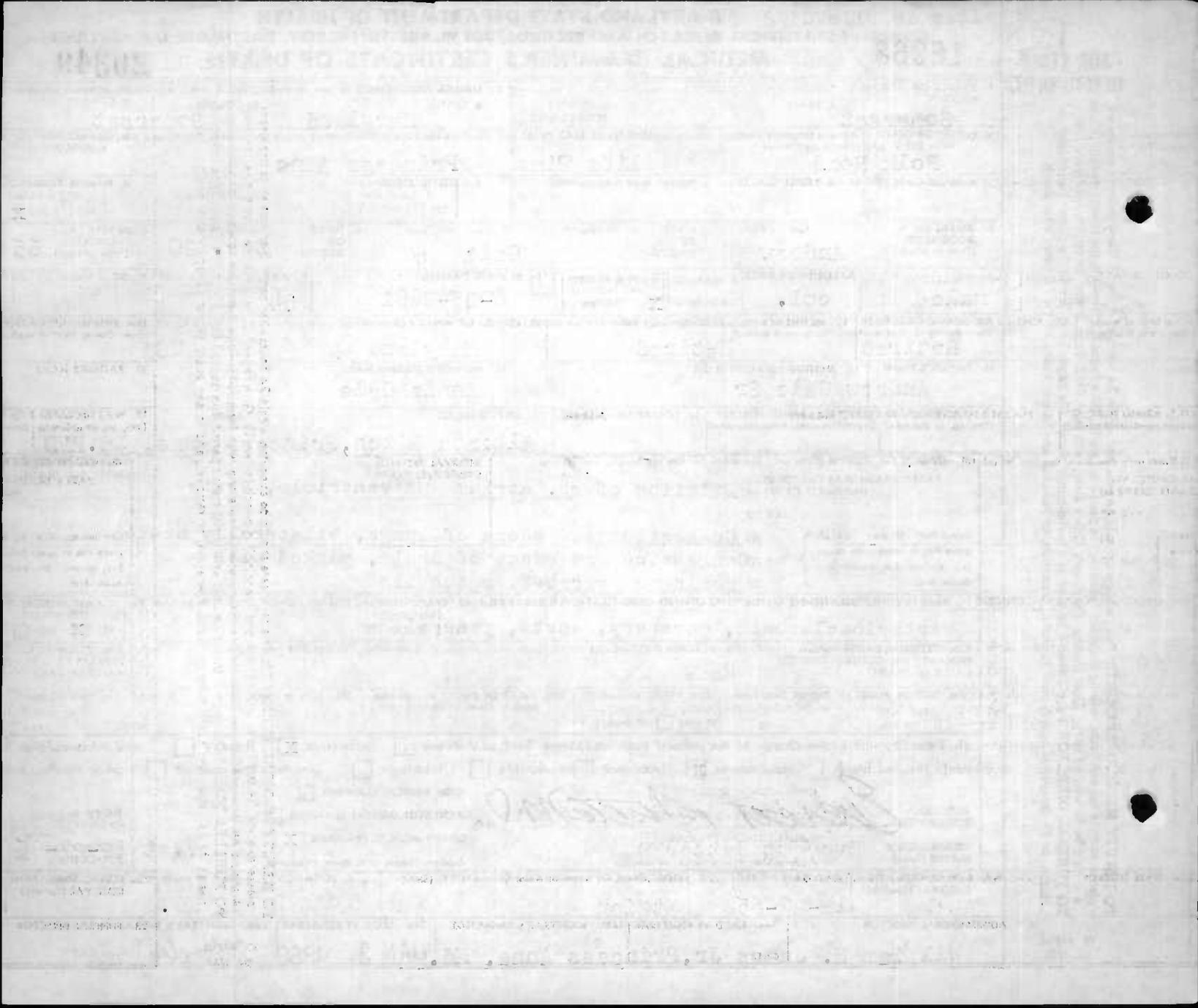
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FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 1 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-travel permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

Item 18 Film G372 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1/1/68 20349

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)						
e. COUNTY Somerset		e. STATE MARYLAND b. COUNTY Somerset						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Polk Road		c. LENGTH OF STAY IN 1b Life Time						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		X d. STREET ADDRESS Princess Anne						
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) Andrew		First	Middle	Last	4. DATE OF DEATH Gale	Month Dec.	Dey 20	Year 65
5. SEX male		6. COLOR OR RACE col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1881		9. AGE (In years last birthday) 84 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Andrew Gale Sr		14. MOTHER'S MAIDEN NAME Annie Gale						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO.		17. INFORMANT		Address Alberta Hitch, Princess Anne, Md. RFD		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dilation of rt. atrium and ventricle, acute 434.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) Congestion and edema of lungs, bilaterally acute DUE TO Congestion and edema of brain, marked with (c) coning of cerebellar tonsils Acute								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
Arteriosclerosis, coronary, aorta, generalized								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None						
20c. TIME OF INJURY Hour e.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 19	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> Everett Sutter MD ACTUAL SIGNATURE						
EXAMINER'S NAME (Type) Everett Sutter MD		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Somerset 12-27-65						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-27-65	22c. NAME OF CEMETERY OR CREMATORIAL Mt Zion		22d. LOCATION (City, town, or county) Polk Road, Md.			
23. FUNERAL DIRECTOR		ADDRESS William H. James Jr, Princess Anne, Md.		24a. REC'D BY REGISTRAR JAN 3 1966	24b. REGISTRAR'S SIGNATURE Charles Judge			
VR A15ME 5M 1/63								

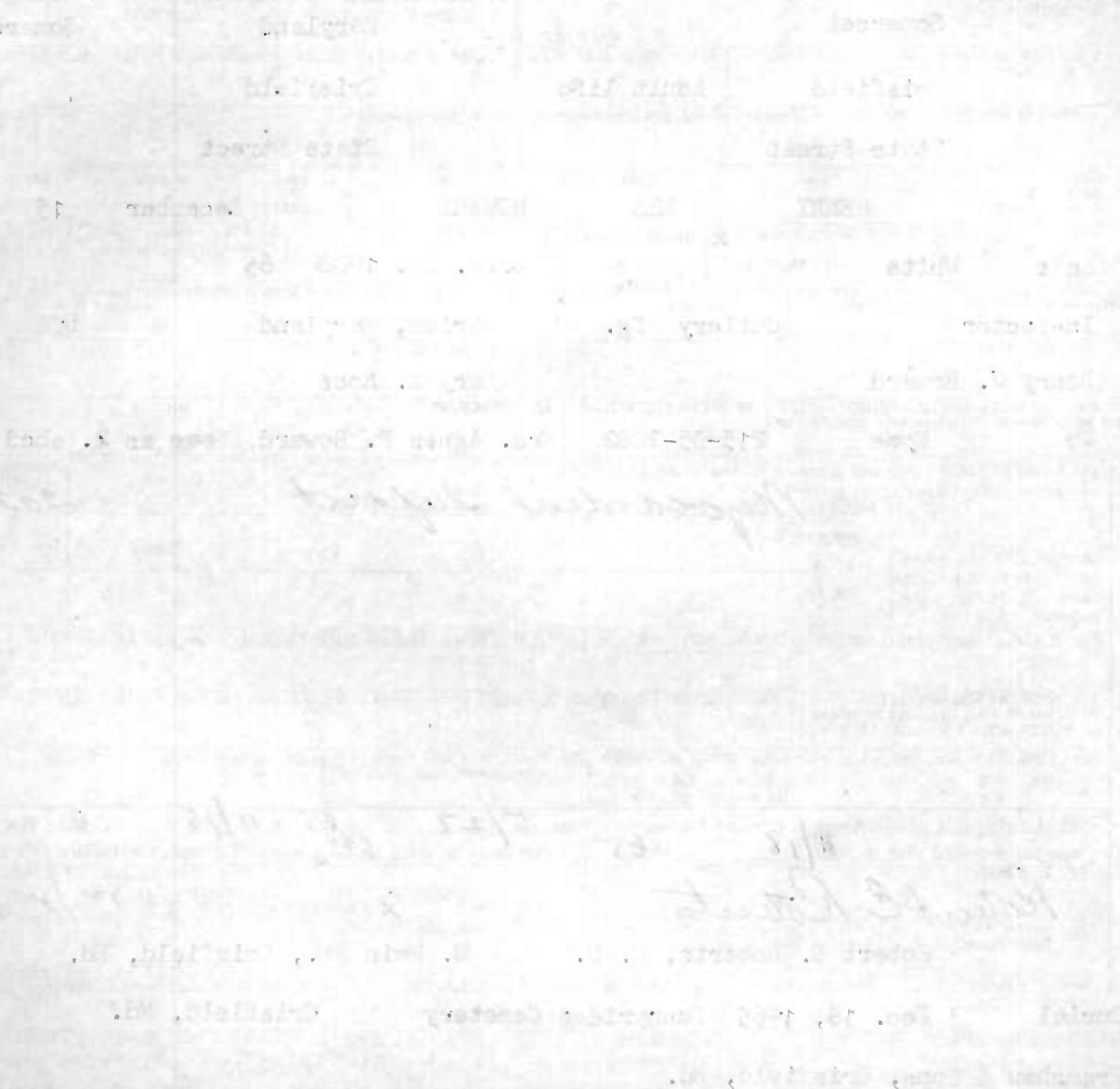


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE											
Somerset MARYLAND				Maryland				b. COUNTY							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b Adult life				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State Street								d. STREET ADDRESS							
3. NAME OF DECEASED (Type or print)				First	Middle	Last	4. DATE OF DEATH	Month	Day	Year					
HENRY				LEE	HOWARD	December	15	19	65						
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS					
Male		White	WIDOWED	DIVORCED	<input type="checkbox"/>	<input type="checkbox"/>	Sept. 28, 1900	65 yrs.	Months	Days	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector				10b. KIND OF BUSINESS OR INDUSTRY Cutlery Mfg.				11. BIRTHPLACE (County & State, or foreign country) Marion, Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry J. Howard				14. MOTHER'S MAIDEN NAME Mary E. Ross											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 215-05-7002				17. INFORMANT Mrs. Agnes R. Howard, Same as 2. abcd				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct 4201 DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)												INTERVAL BETWEEN ONSET AND DEATH 20 minutes			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERRLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)											
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 5/27, 1965, to 11/18, 1965, that (I) (we) last saw the deceased alive on 11/18 1965, and that death occurred at 6:30 p.m. from the causes and on the date stated above.												22b. DATE SIGNED 12/20/65			
22a. SIGNATURE Robert L. Roberts				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>				MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>							
22c. PHYSICIAN'S NAME (Type) Robert E. Roberts, M. D.				22d. ADDRESS W. Main St., Crisfield, Md.											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF Dec. 18, 1965				23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery				23d. LOCATION (City, town or county) (State) Crisfield, Md.			
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.				ADDRESS								25a. REC'D BY REGISTRAR DEC 27 1965 DATE			
												25b. REGISTRAR'S SIGNATURE Charles Judge			

URCUS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

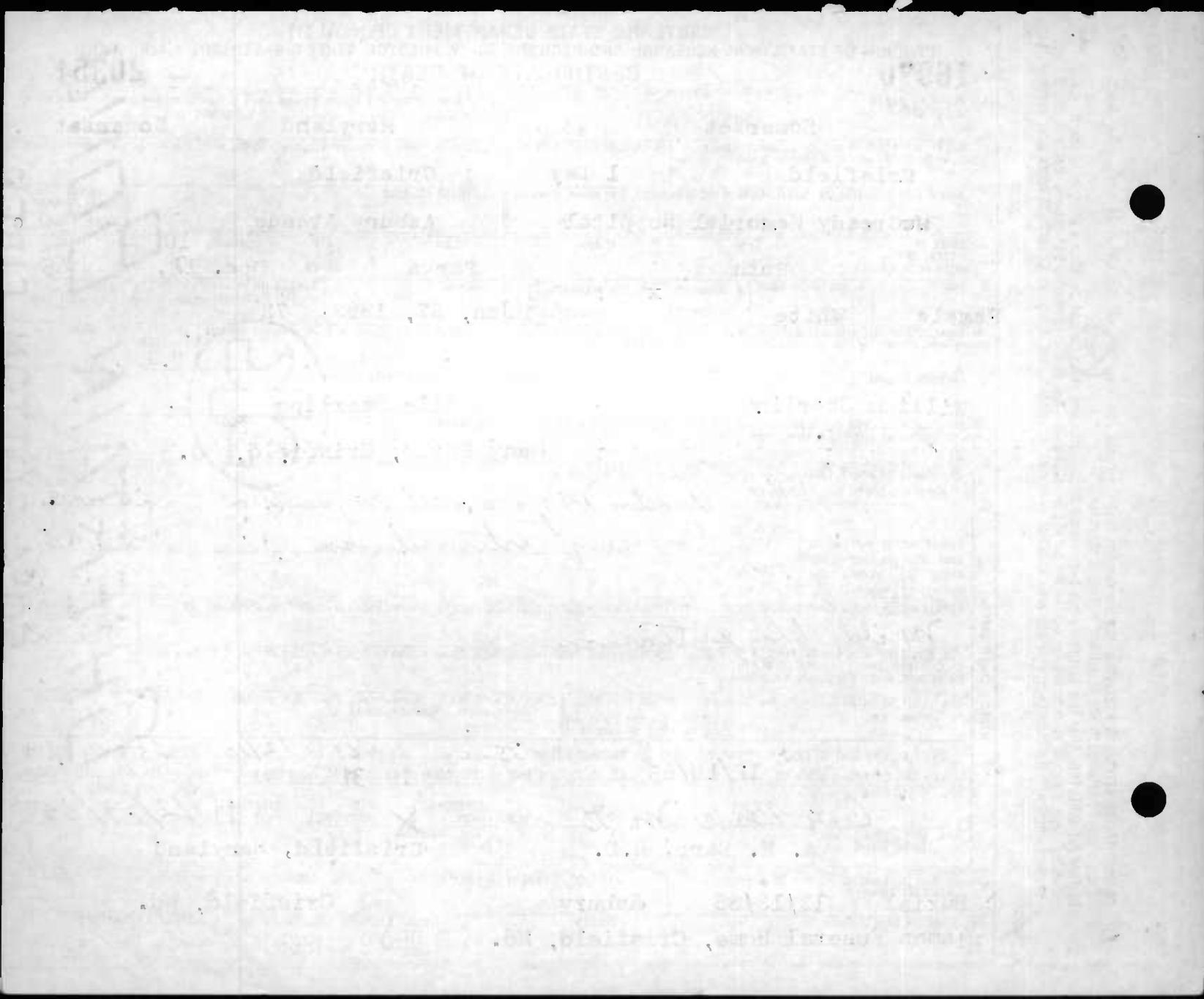
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Item #11 & 12 File #0279 3/246 20351

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 1 Day	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Ruth	Middle Parks	4. DATE OF DEATH Month 10 Day Day Year Year Dec. 10, 1965
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Sterling		14. MOTHER'S MAIDEN NAME Ella Sterling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO. 17. INFORMANT Address Ray Parks, Crisfield, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO Coronary Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 20 HRS.			
4201 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Mild Hypertension			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 At work <input type="checkbox"/> Not White <input type="checkbox"/> p.m. At work <input type="checkbox"/>		20d. INJURY OCCURRED While Not While 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) Crisfield (County) Md. (State)	
21. I certify that (I) (this hospital) attended the deceased from Dec. 10, 1965 , to 12/10, 1965 , that (I) (we) last saw the deceased alive on 12/10/65 19 65 , and that death occurred at 3PM , from the causes and on the date stated above.			
22a. SIGNATURE A. N. Barr, M.D.		22b. DATE SIGNED 12/17/65	
22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.		22d. ADDRESS Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12/13/65	
23c. NAME OF CEMETERY OR CREMATORIUM Asbury		23d. LOCATION (City, town or county) (State) Crisfield, Md.	
24. FUNERAL DIRECTOR Hinman Funeral Home, Crisfield, Md.		ADDRESS	
		25a. REC'D BY REGISTRAR DATE DEC 28 1965	
		25b. REGISTRAR'S SIGNATURE Charles Judge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal.

**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

16971

CERTIFICATE OF DEATH

20352

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Life 1/1/1965	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First John	Middle Thomas	Last Ward
4. DATE OF DEATH 12-29-65	Month 29	Day 29	Year 1965
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1893
9. AGE (In years last birthday) 72 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxicab Operator	10b. KIND OF BUSINESS OR INDUSTRY Taxicab	11. BIRTHPLACE (County & State, or foreign country) Crisfield, Maryland	
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Edward Ward	14. MOTHER'S MAIDEN NAME Sarah E. Henderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Hattie Sterling, Same as 2. abcd	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 154X <i>(carcinoma, rectum.)</i> DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) _____ (c) _____			
INTERVAL BETWEEN ONSET AND DEATH 9 mo.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) At home	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from March 1965 to 12-28-65 , that (I) (we) last saw the deceased alive on 12/28/65 1965 , and that death occurred at 10:13 AM from the causes and on the date stated above.			
22a. SIGNATURE <i>C. G. Rawley</i>		22b. DATE SIGNED 12/28/65	
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.	M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>
22d. ADDRESS Crisfield, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Dec. 31, 1965	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	23d. LOCATION (City, town or county) (State) Crisfield, Md.
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.	ADDRESS	25a. REC'D BY REGISTRAR JAN 3 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

